

<i>SERFF Tracking Number:</i>	<i>GEFA-126425965</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44374</i>
<i>Company Tracking Number:</i>	<i>NS46334 ET AL FPO ADV</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group LTC 7046 ER FPO</i>		
<i>Project Name/Number:</i>	<i>FPO Advertising 7046 ER/NS46334 et al FPO Offer</i>		

## Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Group LTC 7046 ER FPO

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

SERFF Tr Num: GEFA-126425965 State: Arkansas

SERFF Status: Closed-Filed

State Tr Num: 44374

Co Tr Num: NS46334 ET AL FPO  
ADV

State Status: Closed

Filing Type: Advertisement

Reviewer(s): Marie Bennett

Authors: Marcia Chalfant, Andy  
Zimmerman, Kathleen Hamby,  
Edwina Word

Disposition Date: 12/28/2009

Date Submitted: 12/18/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: FPO Advertising 7046 ER

Project Number: NS46334 et al FPO Offer

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile: 09/17/2008

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association,  
Trust, Other

Explanation for Other Group Market Type:

Labor Union

State Status Changed: 12/28/2009

Created By: Marcia Chalfant

Corresponding Filing Tracking Number:

Filing Status Changed: 12/28/2009

Deemer Date:

Submitted By: Marcia Chalfant

Filing Description:

On behalf of Genworth Life Insurance Company we submit, for your information and approval, duplicate copies of our Future Purchase Option Offer components intended for use with our Group Long Term Care Insurance product on policy form series 7046 that was approved by Arkansas on September 13, 2005 and subsequently.

This material is new and does not replace any existing material. It will be used for those insured persons who are residents of Arkansas. The purpose of the advertising is to request response on a Future Purchase Option offer

<i>SERFF Tracking Number:</i>	<i>GEFA-126425965</i>	<i>State:</i>	<i>Arkansas</i>
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pursuant to the terms of the Group Policy under which they are insured.

The material may be either generated from a system using forms created in Microsoft word – those pieces include an “L” in the form number; OR generated from a print vendor using a more sophisticated graphic design. Content is the same in either presentation. The presentation will be sent as a whole: Letter, Benefit Details and Acceptance Form. None of the forms will be sent as a stand-alone. The submitted Outside Envelope, form NS46334OE, will only be used with the graphic designed material.

The Offer Letters to Core Only insured persons, form numbers NS46334C-LTR and NS46334CL-LTR, introduce the offer to those persons who are currently covered only by the base plan paid for by the employer, and indicate the reply by date that must be met to allow the increase without underwriting. The Offer Letters to Voluntary insured persons, form numbers NS46334B-LTR and NS46334BL-LTR, introduce the offer to those persons who are currently covered by voluntary or Core and Voluntary coverage, and indicate the reply by date that must be met to allow the increase without underwriting.

The Benefit Increase Details, form numbers NS46334C-B and NS46334CL-B for Core Only coverage, and NS46334B-B and NS46334BL-B for those who have purchased voluntary coverage, provide specific information, based on the coverage currently in force for the insured.

The Acceptance Form, form numbers NS46334C-AF and NS46334CL-AF for Core Only coverage and NS46334B-AF and NS46334BL-AF for those who have purchased voluntary coverage, provides a paper, hard-copy mechanism for the insured to accept the offer.

An alternative to the paper acceptance form is the web acceptance site, form number 46356C for Core only, and 46356B for voluntary coverage.

Variable material is indicated in brackets. There are three types of variables in the letter:

1. Variables are for the individualized information that is populated with the Group Policyholder’s and insured’s specific data.
2. Variables that will or will not appear, dependent on whether or not the Group Policy includes a Core and Buy-up plan.
3. The variables associated with the current cost of care survey. The year of the survey and the values for the cost of care will be taken from the latest survey available.

We hope you find this submission satisfactory and look forward to your response. If helpful to the Department’s review, Kathy Hamby, our Group Compliance Leader, is available to meet with the Department to address any issues as they are identified. Anything the Department can do to help accelerate the review process will be most appreciated. Thank you for your time and consideration of our request.

SERFF Tracking Number: GEFA-126425965 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 44374  
Company Tracking Number: NS46334 ET AL FPO ADV  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group LTC 7046 ER FPO  
Project Name/Number: FPO Advertising 7046 ER/NS46334 et al FPO Offer

If you should have any questions, please call me at our toll free phone number, 1-800-284-5568, extension 813.5085.

Marcia Chalfant

## Company and Contact

### Filing Contact Information

Marcia Chalfant, Policy Contract Analyst marcia.chalfant@genworth.com  
6620 W Broad Street 804-922-5085 [Phone]  
Bldg 4 804-281-6285 [FAX]  
Richmond, VA 23230

### Filing Company Information

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware  
6610 W Broad Street Group Code: 350 Company Type: LifeHealth &  
Annuity  
Richmond, VA 23230 Group Name: State ID Number:  
(804) 281-6600 ext. [Phone] FEIN Number: 91-6027719  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$225.00  
Retaliatory? No  
Fee Explanation: \$25 for each of 9 forms  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$225.00	12/18/2009	32907756

<i>SERFF Tracking Number:</i>	<i>GEFA-126425965</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Marie Bennett	12/28/2009	12/28/2009

<i>SERFF Tracking Number:</i>	<i>GEFA-126425965</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>FPO Advertising 7046 ER/NS46334 et al FPO Offer</i>		

## Disposition

Disposition Date: 12/28/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>GEFA-126425965</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Form</b>	Offer Letter for FPO Core Kit		Yes
<b>Form</b>	Offer Letter for FPO Voluntary		Yes
<b>Form</b>	Word-Offer Letter for FPO-Core		Yes
<b>Form</b>	Word-Benefit Details for Core		Yes
<b>Form</b>	Word-Acceptance Form Core		Yes
<b>Form</b>	Word-Offer Letter for FPO Voluntary		Yes
<b>Form</b>	Word-Benefit Details for Voluntary Cov		Yes
<b>Form</b>	Word-Acceptance Form for Voluntary Cov		Yes
<b>Form</b>	Website Acceptance Sites		Yes

SERFF Tracking Number: GEFA-126425965 State: Arkansas

Filing Company: Genworth Life Insurance Company State Tracking Number: 44374

Company Tracking Number: NS46334 ET AL FPO ADV

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Group LTC 7046 ER FPO

Project Name/Number: FPO Advertising 7046 ER/NS46334 et al FPO Offer

## Form Schedule

### Lead Form Number: NS46334-OE

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NS46334C-	Advertising	Offer Letter for FPO LTR et al	Initial		0.000	NS46334C-LTR et al.pdf
	NS46334B-	Advertising	Offer Letter for FPO LTR et al	Initial		0.000	NS46334B-LTR et al.pdf
	NS46334C	Advertising	Word-Offer Letter for L-LTR	Initial		0.000	NS46334CL-LTR.pdf
	NS46334C	Advertising	Word-Benefit Details L-B	Initial		0.000	NS46334CL-B_Core_Benefit Details.pdf
	NS46334C	Advertising	Word-Acceptance L-AF	Initial		0.000	NS46334CL-AF_Core.pdf
	NS46334B	Advertising	Word-Offer Letter for L-LTR	Initial		0.000	NS4334BL-LTR.pdf
	NS46334B	Advertising	Word-Benefit Details L-B	Initial		0.000	NS46334BL-B_NonCore_Benefit Details.pdf
	NS46334B	Advertising	Word-Acceptance L-AF	Initial		0.000	NS46334BL-AF_NonCore.pdf
	46356b and 46356c	Advertising	Website Acceptance Sites	Initial		0.000	46356b and 46356c FPO Website (Core & NonCore).pdf

[ GROUP  
logo]



## Long Term Care Insurance Group Processing Center

PO Box [64010]  
[St Paul, MN 55164-0010]

[Response] [M.] [Group Sample]  
[3951 Westerre Parkway]  
[Suite 370]  
[Richmond, VA 23233]  
[. . . . .]

**Important Benefit Increase Information Enclosed  
You Must Respond by [Month day, 20XX].**

NS46334-0E



[ GROUP  
logo]

[Month Date, 20xx]

Coverage ID Number [123456-7890]

[Response] [M.] [Group Sample]  
[3951 Westerre Parkway]  
[Suite 370]  
[Richmond, VA 23233]  
[.....]

Dear Response M. Group,

Since [effective year], [Group Name] has provided associates with basic long term care insurance through the [Group Name] Group Long Term Care Insurance Program. Now, as one of the key benefits, you have the opportunity to purchase more coverage to help your plan keep pace with the costs of long term care.

You qualify for this additional coverage as long as you are not currently in claims status. As long as you are an employee, [Group Name] will continue to pay for your basic coverage and, if you increase your benefits, you will only pay the premium for the additional coverage.

You'll find Benefit Increase details inside, as well as the Answers to Frequently Asked Questions.

Please act quickly. This opportunity is only available if you **respond on or before [Month Date, 20xx]**.

We hope to continue serving you well. Now and in the future.

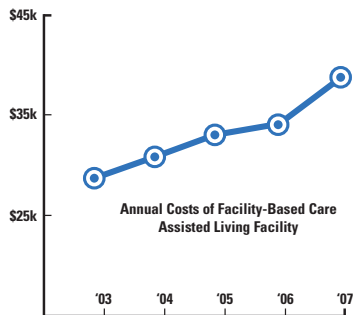
Sincerely,

[Patrick Guzik]  
[Group Operations Leader]  
[Genworth Life Insurance Company]

NS46334C-LTR

Long Term Care Insurance  
Group Processing Center  
PO Box [64010]  
[St Paul, MN 55164-0010]

Help to better protect yourself, your family and your assets from the rising cost of long term care



The average annual cost of long term care has risen in each of the last five years.<sup>1</sup>

**The good news** – for a limited time, you can take advantage of group rates to purchase the additional coverage you'll need to keep pace.

The premium you'll pay for the increase in your coverage will be based on your age as of [xx/xx/20xx].

<sup>1</sup> 2008 Genworth Financial Cost of Care Survey, conducted by Care Scout, 4/2008.

Group Long Term Care Insurance is underwritten by Genworth Life Insurance Company. This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series 7046. [Form numbers can vary by state, including a state specific abbreviation. For example in Idaho the number can be shown as 7046CERT-ID or in Pennsylvania as 7046CERT-PA.]

3 EASY WAYS TO INCREASE YOUR BENEFIT.

Go online [www.upgradeltc.com] Call toll-free [1-800-438-7999]

Complete, sign and return your Acceptance Form

Benefit Increase Acceptance Form

Prepared for [Response] [M.] [Group] for Coverage ID Number [123456-7890]

To accept your Optional Benefit Increase, please sign, date and return this form in the postage-paid envelope provided. To take advantage of this opportunity to increase your benefits, you must respond by [Month Date, 20xx].

**Benefit Increase Amounts:** as of [XX/XX/XX]

Please act quickly, your acceptance must be received on or before [Month Date, 20xx].

If the signed acceptance form is not received by [Month Date, 20xx], it will not be processed.

Coverage ID Number [123456-7890]  
[code 1]  
[code 2]

Additional [Monthly] Benefit [\$XXX.XX] Additional Lifetime Benefit [\$XXX.XX] Your Additional [Monthly] Premium [\$XX.XX]

**Election to Accept Optional Benefit Increase**

By my signature, I accept the Optional Benefit Increase. I have reviewed and understand the Optional Benefit Increase as presented, including the effect on my coverage and premium amounts. I authorize payroll deduction of the premium for the increase. I understand that the increase in benefits and premium will be effective on [Month Date, 20xx]. The premium for the increase will be based on my attained age as of [Month Date, 20xx].

YOUR SIGNATURE

DATE

# Your Benefit Increase Details

Since you currently have just the basic coverage paid for by [Group Name], now may be a good time to consider increasing your coverage. You can do it quickly and easily.

If you increase your coverage, you'll pay just what it costs to purchase this additional coverage. [Group Name] will continue to pay the rest for as long as you remain an employee of [Group Name].

**Please act quickly, your response must be received on or before [Month Date, 20xx].**

Group Long Term Care Insurance is underwritten by Genworth Life Insurance Company.

NS46334C-B

## Current Coverage

[Monthly] Benefit Amount[\$XXX.XX]  
[Lifetime] Benefit Amount [\$XXX.XX]  
[Group Name] Pays [\$XX.XX]

## Additional Coverage

[Monthly] Benefit Amount[\$XXX.XX]  
[Lifetime] Benefit Amount [\$XXX.XX]  
You'll Pay [\$XX.XX]

## New Coverage Total

[Monthly] Benefit Amount [\$XXX.XX]  
[Lifetime] Benefit Amount [\$XXX.XX]  
Total [Monthly] Premium [\$XX.XX]  
You'll Pay Only [\$XX.XX]

**You'll receive [\$XXX.XX] more coverage for just [\$XX.XX] per [month].**

# Answers to Frequently Asked Questions

## **Why should I consider additional coverage?**

Long term care costs continue to increase over time. The basic coverage paid for by [Group Name] is a generous employee benefit, but will it be enough to protect you in the future? Purchasing this additional coverage now allows you to help keep pace with the costs of care.

## **What does it mean to be 'qualified'?**

Since you're already participating in the [Group Name] Group Long Term Care Insurance Program, you are eligible to purchase this additional coverage – as long as you are not currently in claims status. Claims status means you are not currently receiving benefits and have not been determined to be eligible for benefits. In

addition, you do not have a claim pending and are not satisfying the elimination period.

## **You don't have to provide any medical history information**

## **What if I have additional questions?**

Our customer service specialists can answer any additional questions you might have about this opportunity, or your coverage. They are available toll-free at [1-800-416-3624], [8:00 AM] to [8:00 PM] [EST], [Monday - Friday].

***To increase your benefits, you have to respond before this opportunity ends on [Month Date, 20xx]. If you don't respond, your coverage will simply continue unchanged.***



PO Box [64010]  
[St Paul, MN 55164-0010]

**Important Benefit Increase Information Enclosed.  
You Must Respond by [Month day, 20XX].**

[ GROUP  
logo]

[Month Date, 20xx]

Coverage ID Number [123456-7890]

[Response] [M.] [Group Sample]  
[3951 Westerre Parkway]  
[Suite 370]  
[Richmond, VA 23233]  
[|||||

Dear Response M. Group,

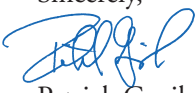
You made a thoughtful decision to help protect your future by purchasing [additional] coverage under the [Group Name] Group Long Term Care Insurance Program when it was first offered to you. Now, as one of the key benefits, you have the opportunity to purchase more coverage to help your plan keep pace with the costs of long term care.

You qualify for this additional coverage as long as you are not currently in claims status. [Employees of [Group name] will continue to have basic coverage paid for by [Group name].] If you increase your benefits, the cost for this additional coverage will be added to the premiums you currently pay.

You'll find Benefit Increase details inside, as well as the Answers to Frequently Asked Questions.

Please act quickly, This opportunity is only available if you **respond on or before [Month Date, 20xx]**.

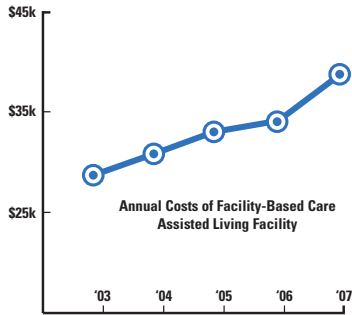
We hope to continue serving you well. Now and in the future.

Sincerely,  
  
Patrick Guzik  
Group Operations Leader  
Genworth Life Insurance Company

NS46334B-LTR

Long Term Care Insurance  
Group Processing Center  
PO Box [64010]  
[St Paul, MN 55164-0010]

Help to better protect yourself,  
your family and your assets from  
the rising cost of long term care



The average annual cost of long term care has risen in each of the last five years.<sup>1</sup>

**The good news** – for a limited time, you can take advantage of group rates to purchase the additional coverage you'll need to keep pace.

The premium you'll pay for the increase in your coverage will be based on your age as of [xx/xx/xx]. The premium for your current coverage will not change.

<sup>1</sup> 2008 Genworth Financial Cost of Care Survey, conducted by Care Scout, 4/2008.  
Group Long Term Care Insurance is underwritten by Genworth Life Insurance Company. This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series 7046. [Form numbers can vary by state, including a state specific abbreviation. For example in Idaho the number can be shown as 7046CERT-ID or in Pennsylvania as 7046CERT-PA.]

3 EASY WAYS TO INCREASE YOUR BENEFIT.



Go online

[www.upgradeltc.com]



Call toll-free

[1-800-438-7999]



Complete, sign and return  
your Acceptance Form

Benefit Increase Acceptance Form

Prepared for [Response] [M.] [Group] for Coverage ID Number [123456-7890]

To accept your Optional Benefit Increase, please sign, date and return this form in the postage-paid envelope provided. To take advantage of this opportunity to increase your benefits, you must respond by [Month Date, 20xx].

New Coverage Totals: as of [XX/XX/XX]

[Monthly] Benefit [\$XXX.XX] [Lifetime] Benefit [\$XXX.XX] Your [Monthly] Premium [\$XX.XX]

Please act quickly, your acceptance must  
be received on or before [Month Date, 20xx].

If the signed acceptance form is not received by  
[Month Date, 20xx], it will not be processed.

Coverage ID Number [123456-7890]  
[code 1]  
[code 2]

Election to Accept Optional Benefit Increase

By my signature, I accept the Optional Benefit Increase. I have reviewed and understand the Optional Benefit Increase as presented, including the effect on my coverage and premium amounts. If I am currently paying my premium through Payroll Deduction, Pension Deduction, or Electronic Funds Transfer (EFT), I authorize the automatic deduction of the new premium. I understand that the increase in benefits and premium will be effective on [Month Date, 20xx]. The premium for the increase will be based on my attained age as of [Month Date, 20xx].

YOUR SIGNATURE

DATE

# Your Benefit Increase Details

This limited-time opportunity is only available to those who are currently participating in the [Group Name] Group Long Term Care Insurance Program. This Benefit Increase opportunity allows you to keep your coverage up-to-date quickly and easily.

Take a look to see how this additional coverage could help protect you and your family.

**Please act quickly, your acceptance must be received on or before [Month Date, 20xx].**

Group Long Term Care Insurance is underwritten by Genworth Life Insurance Company.

[\*A portion of this premium is paid for by [Group Name] as long as you are an employee.]

NS46334B-B

## Current Coverage

[Monthly] Benefit Amount[\$XXX.XX]  
Lifetime Benefit Amount [\$XXX.XX]  
[Monthly] Premium[\*] [\$XX.XX]  
You Pay Only [\$XX.XX]

## Additional Coverage

[Monthly] Benefit Amount[\$XXX.XX]  
Lifetime Benefit Amount [\$XXX.XX]  
You'll Pay [\$XX.XX]

## New Coverage Total

[Monthly] Benefit Amount [\$XXX.XX]  
Lifetime Benefit Amount [\$XXX.XX]  
Total [Monthly] Premium[\*] [\$XX.XX]  
You'll Pay Only [\$XX.XX]

**You'll receive [\$XXX.XX] more coverage for just [\$XX.XX] per [month].**

# Answers to Frequently Asked Questions

## **Why should I consider additional coverage?**

Long term care costs continue to increase over time. What seemed like adequate protection when you originally selected your coverage amount might not be sufficient now or in the future. Purchasing this additional coverage now allows you to help keep pace with the costs of care.

## **What does it mean to be 'qualified'?**

Since you're already participating in the [Group Name] Group Long Term Care Insurance Program, you are eligible to purchase this additional coverage – as long as you are not currently in claims status. Claims status means you are not currently receiving benefits and have

not been determined to be eligible for benefits. In addition, you do not have a claim pending and are not satisfying the elimination period.

## **You don't have to provide any medical history information**

## **What if I have additional questions?**

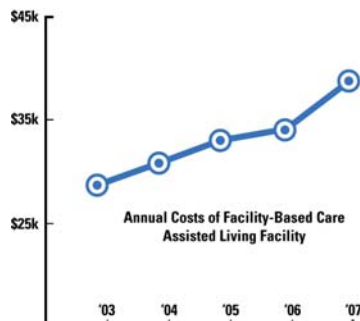
Our customer service specialists can answer any additional questions you might have about this opportunity, or your coverage. They are available toll-free at [1-800-416-3624], [8:00 AM] to [8:00 PM] [EST], [Monday - Friday].

***To increase your benefits, you have to respond before this opportunity ends on [Month Date, 20xx]. If you don't respond, your coverage will simply continue unchanged.***



Genworth Life Insurance Company  
Long Term Care Insurance  
Group Processing Center  
PO Box [xxxxx]  
[St. Paul, MN 55164-0010]

Help to better protect yourself,  
your family and your assets from  
the rising cost of long term care



The average annual cost of long  
term care has risen in each of the  
last five years.<sup>1</sup>

**The good news** – for a limited  
time, you can take advantage of  
group rates to purchase the  
additional coverage you'll need to  
keep pace.

The premium you'll pay for the  
increased coverage will be based  
on your age as of [xx/xx/xxxx].

### THERE ARE 3 WAYS TO INCREASE YOUR BENEFITS



Go online:  
[\[www.upgradeltc.com\]](http://www.upgradeltc.com)



Call toll-free:  
[1-800-555-1212]



By mail:  
**Complete, sign and  
return your enclosed  
Acceptance Form**

### Coverage ID Number: [XXXXXX]

[July 23, 2008]

[F\_Name] [M\_Initial] [L\_Name]  
[Street Address]  
[City, State Zip Code]

Dear [F\_Name] [M\_Initial] [L\_Name]:

Since [effective year], [Group name] has provided associates with  
basic long term care insurance through the [Group name] Group  
Long Term Care Insurance Program. Now, as one of the key  
benefits, you have the opportunity to purchase more coverage to  
help your plan keep pace with the costs of long term care.

You qualify for this additional coverage as long as you are not  
currently in claims status. As long as you are an employee, [Group  
name] will continue to pay for your basic coverage and, if you  
increase your benefits, you will only pay the premium for the  
additional coverage.

You'll find Benefit Increase Details inside, as well as the answers to  
Frequently Asked Questions.

Please act quickly. This opportunity is only available if you **respond  
on or before [Month day, year]**.

We hope to continue serving you well. Now and in the future.

Sincerely,

[Patrick Guzik]  
[Operations Leader]

<sup>1</sup> 2008 Genworth Financial Cost of Care Survey, conducted by Care Scout, 4/2008.

Group Long Term Care Insurance is underwritten by Genworth Life Insurance Company. This material is part of a  
solicitation for Group Long Term Care insurance under Group Policy Number [XXXX] on policy form series 7046.  
[Form numbers can vary by state, including a state specific abbreviation. For example, in Idaho the number can  
be shown as 7046CERT-ID or, in Pennsylvania as 7046CERT-PA]





To increase your benefits, you have to respond before this opportunity ends on [Month day, year].

If you don't respond, your coverage will simply continue unchanged.

## YOUR BENEFIT INCREASE DETAILS

Since you currently have just the basic coverage paid for by [Group name], now may be a good time to consider increasing your coverage. You can do it quickly and easily.

If you increase your coverage, you'll pay just what it costs to purchase this additional coverage. [Group name] will continue to pay the rest for as long as you remain an employee of [Group name].

**Coverage Details:** Prepared for [F\_Name] [M\_Initial] [L\_Name] - Coverage ID Number: [XXXXX]

	Current Coverage	Additional Coverage	New Coverage Total
[Monthly] Benefit Amount	<i>[\$ current FCM]</i>	<i>[\$ offer FCM]</i>	<i>[\$ current FCM + \$ offer FCM]</i>
Lifetime Benefit Amount	<i>[\$ current total coverage]</i>	<i>[\$ offer total coverage]</i>	<i>[\$ current total coverage + \$ offer total coverage]</i>
[Monthly] Premium	<i>[\$current total premium]</i>	<i>[\$ offer premium]</i>	<i>[\$current total premium + \$ offer premium]</i>
You Pay Only	<i>[\$ prior buy up premium]</i>	<i>[\$ offer premium]</i>	<i>[\$ prior buy up premium + \$ offer premium]</i>

**You'll receive [\$ offer total coverage] more coverage for just [\$offer premium] per [month].**

### Answers to Frequently Asked Questions

#### Why should I consider additional coverage?

Long term care costs continue to increase over time. The basic coverage paid for by [Group name] is a generous employee benefit, but will it be enough to protect you in the future? Purchasing this additional coverage now allows you to help keep pace with the costs of care.

#### What does it mean to be 'qualified'?

Since you're already participating in the [Group name] Long Term Care Insurance Program, you are eligible to purchase this additional coverage — as long as you are not currently in claims status. Not being in claims status means you are not currently receiving benefits and have not been determined to be eligible for benefits. In addition, you do not have a claim pending and are not satisfying the elimination period. *You don't have to provide any medical history information.*

#### What if I have additional questions?

Our customer service specialists can answer any additional questions you might have about this opportunity, or your coverage. They are available toll-free at [1-800-416-3624], [8:00AM] to [8:00PM] [EST], [Monday – Friday].



Please act quickly, your acceptance must be received on or before [Month day, year].

If the signed acceptance form is not received by [Month day, year] it will not be processed.

## BENEFIT INCREASE ACCEPTANCE FORM

Prepared for [F\_Name] [M\_Initial] [L\_Name]

Coverage ID Number: [XXXXXX]

To accept your optional Benefit Increase, please sign, date and return this form in the postage-paid envelope provided. To take advantage of this opportunity to increase your benefits, you must respond by [Month day, year].

### Benefit Increase Amounts: As of [xx/xx/xx]

<i>Additional [Monthly] Benefit</i>	<i>[\$ offer FCM]</i>	<i>Additional Lifetime Benefit</i>	<i>[\$ offer total coverage]</i>	<i>Your [Monthly] Premium</i>	<i>[\$ offer premium]</i>
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### Election to Accept Optional Benefit Increase

By my signature, I accept the Optional Benefit Increase. I have reviewed and understand the Optional Benefit Increase as presented, including the effect on my coverage and premium amounts. I authorize payroll deduction of the premium for the increase. I understand that the increase in benefits and premium will be effective on [Month day, year]. The premium for the increase will be based on my attained age as of [Month day, year].

---

YOUR SIGNATURE

---

DATE

Group Long Term Care Insurance is underwritten by Genworth Life Insurance Company. This material is part of a solicitation for Group Long Term Care insurance under Group Policy Number [XXXX] on policy form series 7046. [Form numbers can vary by state, including a state specific abbreviation. For example, in Idaho the number can be shown as 7046CERT-ID or, in Pennsylvania as 7046CERT-PA]



Genworth Life Insurance Company  
Long Term Care Insurance  
Group Processing Center  
PO Box [xxxxx]  
[St. Paul, MN 55164-0010]

Help to better protect yourself,  
your family and your assets from  
the rising cost of long term care



The average annual cost of long term care has risen in each of the last five years. <sup>1</sup>

**The good news** – for a limited time, you can take advantage of group rates to purchase the additional coverage you'll need to keep pace.

The premium you'll pay for the increased coverage will be based on your age as of [xx/xx/xxxx]. The premium for your current coverage will not change.

### THERE ARE 3 WAYS TO INCREASE YOUR BENEFITS



Go online:  
[\[www.upgradeltc.com\]](http://www.upgradeltc.com)



Call toll-free:  
**[1-800-555-1212]**



By mail:  
**Complete, sign and return your enclosed Acceptance Form**

Coverage ID Number: [XXXXXX]

[July 23, 2008]

[F\_Name] [M\_Initial] [L\_Name]  
[Street Address]  
[City, State Zip Code]

Dear [F\_Name] [M\_Initial] [L\_Name]:

You made a thoughtful decision to help protect your future by purchasing [additional] coverage under the [Group name] Group Long Term Care Insurance Program when it was first offered to you. Now, as one of the key benefits, you have the opportunity to purchase more coverage to help your plan keep pace with the costs of long term care.

You qualify for this additional coverage as long as you are not currently in claims status. [Employees of [Group name] will continue to have basic coverage paid for by [Group name].] If you increase your benefits, the cost for this additional coverage will be added to the premiums you currently pay.

You'll find Benefit Increase Details inside, as well as the answers to Frequently Asked Questions.

Please act quickly. This opportunity is only available if you **respond on or before [Month day, year]**.

We hope to continue serving you well. Now and in the future.

Sincerely,

[Patrick Guzik]  
[Operations Leader]

<sup>1</sup> 2008 Genworth Financial Cost of Care Survey, conducted by Care Scout, 4/2008.

Group Long Term Care Insurance is underwritten by Genworth Life Insurance Company. This material is part of a solicitation for Group Long Term Care insurance under Group Policy Number [XXXX] on policy form series 7046. [Form numbers can vary by state, including a state specific abbreviation. For example, in Idaho the number can be shown as 7046CERT-ID or, in Pennsylvania as 7046CERT-PA]



To increase your benefits, you have to respond before this opportunity ends on [Month day, year].

If you don't respond, your coverage will simply continue unchanged.

## YOUR BENEFIT INCREASE DETAILS

This limited-time opportunity is only available to those who are currently participating in the [Group name] Group Long Term Care Insurance Program. This Benefit Increase opportunity allows you to keep your coverage up-to-date quickly and easily.

Take a look to see how this additional coverage could help protect you and your family.

**Coverage Details:** Prepared for [F\_Name] [M\_Initial] [L\_Name] - Coverage ID Number: [XXXXXX]

	Current Coverage	Additional Coverage	New Coverage Total
[Monthly] Benefit Amount	[\$ current FCM]	[\$ offer FCM]	[\$ current FCM + \$ offer FCM]
Lifetime Benefit Amount	[\$ current total coverage]	[\$ offer total coverage]	[\$ current total coverage + \$ offer total coverage]
[Monthly] Premium *	[\$current total premium]	[\$ offer premium]	[\$current total premium + \$ offer premium]
You Pay Only	[\$ prior buy up premium]	[\$ offer premium]	[\$ prior buy up premium + \$ offer premium]

\* A portion of this premium is paid for by [Group name] as long as you are an employee.

**You'll receive [\$ offer total coverage] more coverage for just [\$offer premium] per [month].**

### Answers to Frequently Asked Questions

#### Why should I consider additional coverage?

Long term care costs continue to increase over time. What seemed like adequate protection when you originally selected your coverage amount might not be sufficient now or in the future. Purchasing this additional coverage now allows you to help keep pace with the costs of care.

#### What does it mean to be 'qualified'?

Since you are already participating in the [Group name] Long Term Care Insurance Program, you are eligible to purchase this additional coverage — as long as you are not currently in claims status. Not being in claims status means you are not currently receiving benefits and have not been determined to be eligible for benefits. In addition, you do not have a claim pending and are not satisfying the elimination period. *You don't have to provide any medical history information.*

#### What if I have additional questions?

Our customer service specialists can answer any additional questions you might have about this opportunity, or your coverage. They are available toll-free at [1-800-416-3624], [8:00AM] to [8:00PM] [EST], [Monday – Friday].

Group Long Term Care Insurance is underwritten by Genworth Life Insurance Company.



Please act quickly, your acceptance must be received on or before [Month day, year].

If the signed acceptance form is not received by [Month day, year] it will not be processed.

## BENEFIT INCREASE ACCEPTANCE FORM

Prepared for [F\_Name] [M\_Initial] [L\_Name]

Coverage ID Number: [XXXXXX]

To accept your optional Benefit Increase, please sign, date and return this form in the postage-paid envelope provided. To take advantage of this opportunity to increase your benefits, you must respond by [Month day, year].

### New Coverage Totals: As of [xx/xx/xx]

<i>[Monthly] Benefit</i>	<i>[\$ current FCM + \$ offer FCM]</i>	<i>Lifetime Benefit</i>	<i>[\$ current total coverage + \$ offer total coverage]</i>	<i>Your [Monthly] Premium</i>	<i>[\$ prior buy up premium + \$ offer premium]</i>
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### Election to Accept Optional Benefit Increase

By my signature, I accept the Optional Benefit Increase. I have reviewed and understand the Optional Benefit Increase as presented, including the effect on my coverage and premium amounts. If I am currently paying my premium through Payroll Deduction, Pension Deduction, or Electronic Funds Transfer (EFT), I authorize the automatic deduction of the new premium. I understand that the increase in benefits and premium will be effective on [Month day, year]. The premium for the increase will be based on my attained age as of [Month day, year].

---

YOUR SIGNATURE

---

DATE

Group Long Term Care insurance is underwritten by Genworth Life Insurance Company. This material is part of a solicitation for Group Long Term Care insurance under Group Policy Number [XXXX] on policy form series 7046. [Form numbers can vary by state, including a state specific abbreviation. For example, in Idaho the number can be shown as 7046CERT-ID or, in Pennsylvania as 7046CERT-PA]

[Group Logo Here]

Long Term Care Insurance is underwritten by  
Genworth Life Insurance Company and  
Genworth Life Insurance Company of New York

Welcome [First\_Name],

As part of your employee benefits, [group\_name] pays for your basic long term care coverage. Recently, you received details of your opportunity to purchase more coverage under the [group\_name] Long Term Care Insurance Program – to help keep pace with long term care costs. Click on the map to see current long term care costs in your area.<sup>1)</sup>

To purchase the additional coverage described in your Benefit Increase package, check the box below by [respond\_by\_date].

☐ Yes, I accept the additional coverage as described in my Benefit Increase package.

By checking the box, I authorize payroll deduction of the premium for the increase.

[group\_name] will continue to pay for your basic coverage.

Click to see the cost of care in your area.



[1. Based on the annual Genworth Financial Cost of Care Survey, conducted by CareScout, 04/2008.]

Continue



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[Group Logo Here]

Long Term Care Insurance is underwritten by  
Genworth Life Insurance Company and  
Genworth Life Insurance Company of New York

Welcome [First\_Name],

You made a thoughtful decision to buy [additional] coverage under the [group\_name] Group Long Term Care Insurance Program when it was originally offered to you. Recently, you received details of your opportunity to purchase more coverage to help keep pace with long term care costs. Click on the map to see current long term care costs in your area.<sup>[1]</sup>

To purchase the additional coverage described in your letter, check the box below by [respond\_by\_date].

☐ Yes, I accept the additional coverage as described in my Benefit Increase package.

By checking the box, I authorize the premium for the increase to be deducted the same way premiums are deducted for my current coverage.

[As part of your employee benefits,] [group\_name] pays for your basic long term care coverage.

Click to see the cost of care in your area.



[1. Based on the annual Genworth Financial Cost of Care Survey, conducted by CareScout, 04/2008.]

Continue



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